

Dependent Eligibility for Medical and Dental

If you are eligible to participate in County-sponsored medical and dental plans, so are your eligible dependents. Your *eligible dependents* generally include:

- Your spouse/domestic partner (see the Summary Plan Description at mylacountybenefits.com for special rules concerning domestic partner eligibility)
- Your children through age 25.

Coverage for a disabled child may continue past age 25. You must contact your health plan to apply for disabled status for your dependent. Your dependent will be eligible for coverage only if your health plan approves and determines that your child became disabled before the limiting age (check with your health plan to determine the limiting age). Proof of your child's disability may be required from time to time. Your disabled child's coverage ends when the plan no longer considers your child to be disabled, your child marries or no longer depends on you for support, or you stop coverage for any reason.

Children

For eligibility purposes, "children" includes children born to you, children legally adopted by you, children awaiting finalization of their adoption by you, stepchildren, children of whom you are the legal guardian, children you support because of a valid court order, and children of your domestic partner.

Ineligible Dependents

Your former spouse/domestic partner, parents, parents-in-law, other relatives, and nondisabled children age 26 and over are not eligible for coverage under your medical and dental plans.

You must drop coverage for your enrolled spouse/domestic partner or children when they lose eligibility under your medical and dental plans (e.g., divorce, death, end of a domestic partner relationship, or your nondisabled child reaching age 26).

For more detailed information on eligible/ineligible dependents, refer to the Summary Plan Description at mylacountybenefits.com.